

# Supervisory Referral Process

## Step-by-Step Instructions

The EAP provides an opportunity for the employee to address job performance issues. Participation with the EAP is voluntary and does not mean an employee is immune from disciplinary actions if job performance issues continue.

### How Do We Make a Referral?

Step 1: Based upon documented employee job performance issue(s), a determination is made by management/HR that a supervisory referral is needed.

Step 2: HR and/or Supervisor meet with employee to make referral. Employee and HR/Supervisor will sign Supervisor Referral form and Authorization to Release EAP Information form. **Note: Remind employee that session content is confidential but that you will receive notice about their attendance at appointments & treatment recommendations.**

Step 3: HR/Supervisor should email or fax the completed forms and supporting documentation to WellSpan EAP Client Services at wellspaneap@wellspan.org or (717) 851-4493 (prior to the employee calling to schedule their first EAP appointment).

Step 4: Referred employee should call WellSpan EAP Client Services *directly* (within 72 hours) at **1-800-673-2514** to provide necessary demographic information.

Step 5: WellSpan EAP will coordinate initial appointment with appropriate provider and notify employee of availability. Employee will need to call selected provider and CONFIRM appointment. **It is recommended that employee notify WELLSPAN EAP of this confirmation.**

### What Should We Expect After Referral is Made?

Step 1: Via phone or secure email, WellSpan EAP notifies primary contact person listed on the Authorization to Release EAP Information form of the employee's first scheduled appointment date.

Step 2: A WellSpan EAP representative will call or send a secure email to primary contact to provide updates regarding employee's participation when available.

Step 3: A 'Client Status Report' completed by the provider will be sent via secure email directly to the primary contact person listed on the Authorization to Release EAP Information form.

***We recommend continued discussion about performance issues as needed. Supervisor or HR are strongly encouraged to follow up directly with referred employee for information regarding their attendance at EAP sessions or to continue performance-related discussions.***

P.O. Box 1827  
York, PA 17405-1827  
800.673.2514 Tel  
717.851.4493 Fax  
www.WellSpan.org/EAP



## Supervisory Referral Form

Dear WellSpan EAP Professional:

I have spoken with Mr./Ms. (employee's full name) \_\_\_\_\_  
regarding the following job performance issues (please provide specific details and include any  
documentation you have regarding these issues): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The progressive discipline process is at the following stage: (Please check all that apply)

- verbal warning                       written warning                       final warning  
 other \_\_\_\_\_

and I am suggesting that the employee seek help through the Employee Assistance Program for whatever problems may be contributing to the performance difficulties.

The employee understands that he/she will be requested to sign an Authorization to Release EAP Information for WellSpan EAP to speak with me so that we can work cooperatively. I am aware that information exchanged will be directly related to job performance or attendance at sessions.

I will notify you of any improvement, decline, or other change in job performance.

Mr./Ms. (employee's full name) \_\_\_\_\_ is aware that seeking help through the EAP does not guarantee employment. Instead, continued employment is based on job performance.

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Company Making Referral \_\_\_\_\_

***Please print this form: employer must sign and the employee must sign and date the Supervisory Referral and Authorization to Release EAP Information.***

***Fax forms to: WellSpan EAP Client Services Representative Fax #: (717) 851-4493***

Form 007/Revised: 1/2021

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## Authorization to Release EAP Information

I hereby authorize WellSpan EAP to disclose information to:

\_\_\_\_\_  
(Primary Employer Contact Name and Phone Number) (Email Address of Primary Contact)

\_\_\_\_\_  
(Secondary Employer Contact Name and Phone Number) (Email Address of Secondary Contact)

from the records of: \_\_\_\_\_  
(Employee's Name) (Date of Birth)

\_\_\_\_\_  
(Home Address) (Telephone Number)

**Information to be released:** By my signature below, I recognize that the information to be released may include my attendance at EAP sessions used in addressing the reason for this referral, and recommendations that may be provided to me or my employer regarding this referral. Attendance at EAP sessions may include scheduled appointment dates and attendance at those sessions, missed appointments, etc. Recommendations may include, but is not limited to, suggestions made by my treatment provider regarding referral for treatment beyond EAP sessions, recommendations for follow-up drug/alcohol testing (if referral was made for substance use/abuse), and suggestions for my employer in assisting me with resolving the issue being addressed by this referral.

This information is being disclosed to the above person(s), organization or agency from records whose confidentiality may be protected by the Drug and Alcohol Abuse Control Act (Pennsylvania Law, Act 63) and/or the Mental Health Procedures Act (Pennsylvania P.L. 817) and/or Confidentiality of Alcohol and Drug Abuse Patient Record Regulations (Federal Public Law 93-282) or, in accordance with the state where you receive services. My signature below authorizes release of all such information by routine/express mail service or facsimile transaction or by phone, confidential email.

I understand that I have no obligation whatsoever to disclose information from my record and understand that I may revoke this authorization at any time in writing, except to the extent that action based on this consent has been taken. I fully understand the contents of this authorization and voluntarily consent to the release of the information as stated. I understand that the revocation will not apply to information that has already been released in response to this authorization.

I may refuse to sign this authorization which is required as part of the supervisory referral process initiated by my employer. My refusal to sign will not affect my eligibility of EAP benefits.

This authorization shall expire one (1) year from the date executed unless otherwise specified by the client (employee).

\_\_\_\_\_  
(Print Employee's full name) (Signature of Employee/Responsible party) (Date)

\_\_\_\_\_  
(Print Primary Employer Contact/Witness full name) (Primary Employer Contact/Witness Signature) (Date)

Company making referral: \_\_\_\_\_

Note: This authorization will not be accepted unless it is completed in its entirety. A copy of the form will be accepted in lieu of an original.



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## Frequently Asked Questions About Fitness for Duty Evaluations

### **What is a true Fitness for Duty evaluation?**

A psychological FFDE is a formal, specialized evaluation by a qualified, licensed professional to determine whether the employee can safely and effectively perform his or her essential job functions. Evaluations of this type tend to be lengthy and expensive.

### **Can I obtain a Fitness for Duty evaluation through WellSpan EAP?**

WellSpan Employee Assistance Program does not offer FFDE's. This is beyond the scope of practice that our licensed mental health therapists perform under the WSEAP. Given the level of detailed assessment procedures and techniques involved, this comprehensive psychological evaluation falls outside of traditional EAP counseling sessions.

### **How can WellSpan EAP help?**

If you have submitted a Supervisory Referral with the appropriate signed consent form, our EAP Team will communicate the following things with you: Date and Time of employee's EAP appointment; if the employee has attended those sessions, including cancellations and rescheduling; recommendations by the provider (if any); and if the provider feels the individual is following those treatment recommendations.

### **What other options does WellSpan EAP offer?**

Trained WellSpan EAP Coordinators can help facilitate "return to work" conversations between any combination of HR, management, affected team members and the employee to help set the stage for successful adjustment of the individual back to full duty. This type of on-site consultation service is available at an additional fee. Phone consultations with questions and helpful suggestions are available at no cost to you.

### **What if I have further questions?**

If you have any further questions regarding Fitness for Duty evaluations, please give us a call at 1-800-673-2514.